

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000015042

**Entity Name:** AUTHENTIC IMAGE, INC.

**Current Principal Place of Business:**

5139 110TH STREET  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

5549 FORT CAROLINE RD.  
SUITE #155  
JACKSONVILLE, FL 32277 US

**FEI Number:** 47-3131410

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AVRAHAM, YOSEF  
5549 FORT CAROLINE RD.  
SUITE # 165  
JACKSONVILLE, FL 32277 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	AVRAHAM, YOSEF	Name	MELENDEZ, GEORGIE
Address	5549 FORT CAROLINE RD. STE# 155	Address	5549 FORT CAROLINE RD. STE# 155
City-State-Zip:	JACKSONVILLE FL 32277	City-State-Zip:	JACKSONVILLE FL 32277

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YOSEF BEN AVRAHAM

**PRESIDENT**

**08/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date